

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	7	1	6	1	4	1
TOTAL DEP.	6	1	5	1	3	1
TOTAL CLAIMS	13	2	11	2	7	2

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	1	1	1	1	1	1
TOTAL DEP.	1	1	1	1	1	1
TOTAL CLAIMS	2	2	2	2	2	2

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS